

Annual Report
2010-2011

Mental Health



Since May is nationally recognized as Mental Health Month, it's a good time for gatherings of families, friends and advocates who appreciate the struggles and achievements of people with mental illnesses – past and present – as depicted in the three photos below. At left, a group joins the NAMI Ohio Sleep Out for Mental Illness on the grounds of the Statehouse in Columbus on May 10, 2011. Middle photo shows the unveiling of a stone monument (in addition to two Ohio Historical Markers) at the Toledo State Hospital Cemeteries on May 15, 2010. Photo below, right, is from a celebration of children's mental health and resiliency on May 4, 2010, also at the Statehouse.



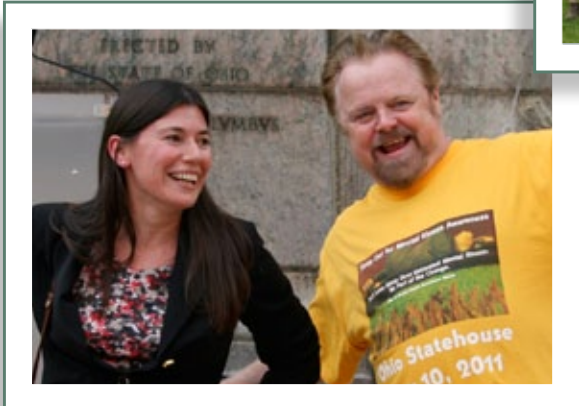
Left: Geshe Kalsang Damdul, a Buddhist monk and scholar, served as the consultant and meditation instructor for an ODMH-funded research study on "The Effects of Meditation on PTSD." He presented to ODMH staff on Oct. 25, 2010.



Ohio's largest psychiatric hospital, Summit Behavioral Healthcare (SBH) in Cincinnati, celebrated both history and technology during 2010. ODMH was awarded \$652,932 from the federal government to install a rooftop solar photovoltaic system (photo directly above) at SBH. In October, Chaplain Ray Menchoffer (pictured with Longview State Hospital admission registers) served as a staff resource during the SBH sequi-centennial event marking 150 years of service in Hamilton County.



COVER PHOTOS (top to bottom): Appalachian Behavioral Healthcare in Athens; Director Plouck with advocate Tova Black at the Statehouse celebration of Resiliency; parakeet enclosure at Summit Behavioral Healthcare in Cincinnati; Cleveland campus of Northcoast Behavioral Healthcare; clinicians at Heartland Behavioral Healthcare in Massillon; urn near the entrance of Northwest Ohio Psychiatric Hospital in Toledo.



The Ohio Chapter of the National Alliance on Mental Illness (NAMI Ohio) and the Ohio Department of Mental Health are often partners in supporting people with mental illness and their families. In addition to serious efforts to promote treatment, employment and housing for their constituents, the two organizations gather to celebrate achievements and raise awareness. Above, employees of ODMH's Twin Valley Behavioral Healthcare participate in the NAMI Walk fundraiser. At left, ODMH Director Tracy Plouck and NAMI Executive Director Terry Russell share the stage at the NAMI Sleep Out.

Dear Ohioans:

Mental illness can strike anyone at any time. Ohio's state and local governments provide funding for treatment for individuals in need when private insurance coverage is not available. During 2010, nearly 6,800 adults received treatment in Ohio's state-run regional psychiatric hospitals, and approximately 360,000 adults and children were served in the community mental health system. These services are crucial to the health and safety of our citizens. Over time, the state and local resources available have not kept pace with the demand for, and cost of, these services.

Working with Governor John Kasich, we will maintain a budget that is sensitive to people who struggle with severe mental illness, yet cognizant of economic realities. Our charge is to be as effective and efficient with our resources as possible. One way to be efficient is to provide as much treatment in the community as possible, rather than in a hospital setting. Community services are the lynchpin of Ohio's mental health system. These services are intended to promote recovery, keep people healthy and avoid more expensive inpatient psychiatric hospital care whenever possible. Beginning in 2012, the State of Ohio will be responsible to fund community mental health Medicaid services rather than requiring the local ADAMH boards to do so. This provides more financial predictability for the local boards and enables them to focus local resources on local priorities such as housing and services for children.

Another step toward efficiency is to focus on policy change that will reduce spending. Adults with severe mental illness represent about 10 percent of Ohio's two million Medicaid enrollees, yet account for 26 percent of total Medicaid spending, largely due to co-existing physical health conditions. Historically, individuals needing both physical and mental health services are treated within separate "silos," without the benefit of shared information or proper referrals among their doctors. Truly integrated care means treating both physical and mental health conditions in a comprehensive, coordinated way, where all of the individual's health care providers work together and regularly communicate. The Governor's Office of Health Transformation was established in January 2011 to lead the state's efforts to achieve integrated care. This office has been a catalyst for teamwork among human services agencies that has never occurred in the past. What a benefit to Ohioans!

While there will likely never be truly enough resources available to address every need related to mental health in Ohio, legislative support of our system is strong and we have access to new tools to manage going forward. The people we serve deserve opportunities for recovery and fulfilling lives. This is not only possible, but should be our expectation.

Sincerely,

Tracy J. Plouck

Director, Ohio Department of Mental Health



The mental health system

During State Fiscal Year 2010 (SFY10), the mental health system served 139,494 children/youth and 225,378 adults in the community and provided inpatient care in state-run psychiatric hospitals to 6,745 people. While most Ohioans have some insurance coverage for mental illness, people with severe and persistent mental disorders – such as schizophrenia, bipolar disorder or major depression – often depend on this public system, which serves as a safety net for the uninsured, people of poverty and individuals who require more specialized care.

The Ohio Department of Mental Health (ODMH) collaborates with county mental health and recovery boards, and community agencies, to provide services and supports built on evidence-based best practices. The 50 publicly funded county boards contract with more than 400 provider agencies to serve individuals in their communities, including Medicaid-eligible recipients. ODMH certifies that the community provider agencies meet the requirements contained in the Ohio Administrative Code and obtain appropriate behavioral health accreditation.

ODMH also operates six public Regional Psychiatric Hospitals that focus on maximizing recovery potential so that people with mental illnesses are successful and satisfied upon discharge. They admit both voluntary patients and those committed by the criminal and probate court systems.

In addition, ODMH manages oversight and licensing functions for private acute psychiatric inpatient units or free-standing hospitals in Ohio, as well as residential facilities that provide treatment services and/or housing to mental health consumers.

Personnel in ODMH's central office develop and maintain initiatives that improve clinical quality, protect individual rights, and educate the public on mental health issues, resources for treatment and recovery supports. The Office of Support Services provides certain warehouse and pharmacy goods and services to other state, county and municipal agencies.

Accomplishments

It is estimated that nearly two million Ohioans will need mental health services during their lives for problems ranging from situational stress to severe and chronic mental illness. Ohio's public mental health system provides care to more than 300,000 people each year. One-third of those are children, and one-third are disabled by severe and persistent mental illness.

On a daily basis, approximately 1,000 individuals are receiving comprehensive in-patient treatment at our regional psychiatric hospitals. About 60 percent of those treated are under the jurisdiction of the civil or criminal courts. The hospital system also provides prevention, education and outreach programs in a community-supported environment.

Community Impact

During the last two years, ODMH continued to realign its hospital service areas that provide access to acute inpatient mental health care for the county ADAMH Boards and the public. Despite reducing the number of buildings and overhead costs, ODMH has been able to maintain a constant capacity of about 1,150 beds over the last decade, ensuring that both civil and forensic patients can access treatment. Capital dollars saved are repurposed to improve environments at remaining state hospitals, and operational savings benefit the community mental health system of care. Mental health treatment in the community rather than in a hospital setting can improve recovery and is a more efficient use of taxpayer dollars.

ODMH has worked with communities to transition closed sites in a way that most benefits the region. In early 2011, the Dayton campus, which closed in 2008, was purchased by a private behavioral health provider. On July 1, 2011, ODMH closed the campus of Northcoast Behavioral Healthcare in Cleveland and is working with local officials and the legislature to transfer the property to MetroHealth Medical Center for the ultimate benefit of residents of Cleveland and Cuyahoga County. Clinical operations were consolidated and inpatient capacity was expanded at the Northcoast campus located 15 miles away in Summit County. Support by loved ones is critical to recovery, so the state contracted with a Cleveland shuttle company to transport patient families and friends to the new site during visiting hours.

Tracy J. Plouck was named ODMH Director by Governor John R. Kasich on Jan. 13, 2011. One of her first decisions was to consolidate the two state-administered hospitals in Northeast Ohio based on the rationale that the state will be able to offer the same amount of inpatient hospital capacity to the region at \$4 million less per year. That \$4 million could then be utilized in the community services portion of the ODMH budget.

Following are more ODMH achievements during State Fiscal Years 2010-2011 – under the leadership of both past Director Sandra Stephenson and current Director Plouck – that benefit communities statewide:

- ✓ Through our Capital Planning and Management Office, grant allocations for community projects totaled \$7.5 million for SFY10/11. These brick-and-mortar projects are used to develop housing and improve community environments for crisis stabilization, residential treatment, mental health programming and peer support services.
- ✓ Our Division of the Medical Director developed the first 24/7 pediatric psychiatry consultation network in the nation. The Pediatric Psychiatry Network is a public/private partnership with children's hospitals, child psychiatry residencies and ODMH. It provides a single, statewide toll-free number and website application to primary care providers seeking quick same-day consultation from child and adolescent psychiatrists to help their patients. See p. 12.
- ✓ The Office of Research and Evaluation took a multi-dimensional look at how the economy affects the delivery of mental health services from the perspectives of providers, consumers and agencies. Several reports are now available related to this economic impact study.
- ✓ The interface between the mental health and criminal justice systems is significant. In January 2010, a Forensic Strategies Workgroup that formed in 2009 issued its recommendations regarding strategies to address the growing forensic presence and service needs within Ohio's public mental health system. The report is available on the ODMH website.

Workforce Development

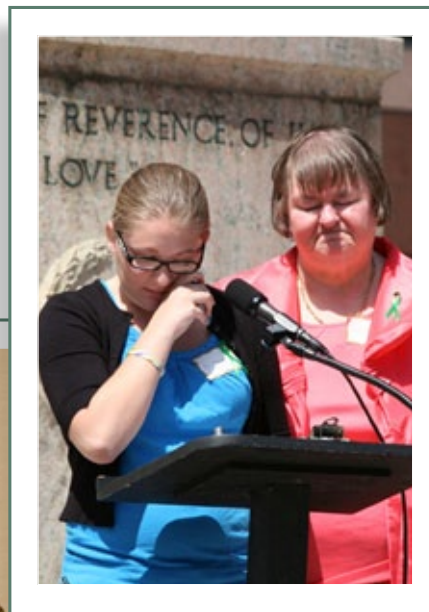
- ✓ People who have severe mental illnesses can and do work in their communities. During SFY 10/11, ODMH Supported Employment programs at 24 sites assisted more than 1,100 Ohioans in achieving competitive employment. Five new sites to help people find and retain jobs were added for SFY11.
- ✓ ODMH provides support to 15 residency and training programs at Ohio's universities and colleges to improve the quality of the mental health



workforce, and increase the number of psychiatrists and nursing professionals who serve people with severe mental illnesses and remain in Ohio. Two of the programs are geared toward the forensic psychiatry specialty and have mandatory service pay-back.

- ✓ In recent years, ODMH has significantly increased the number of mental health HPSA (Health Professional Shortage Area) designated areas to address a shortage of mental health professionals in Ohio. This federally funded program provides financial support for the education and training of mental health professionals including loan forgiveness in exchange for work in underserved areas. In Ohio, 63 counties and 13 correctional facilities are HPSA designated. During 2010, a total of 31 Ohio mental health professionals took advantage of the loan-repayment program offered by the National Health Service Corps.
- ✓ ODMH worked successfully with the State Medical Board of Ohio to revise telemedicine rules (effective Nov. 30, 2010) allowing for psychiatrists to assess, treat and prescribe via real-time video-conferencing, without prior face-to-face exam. This increased access to psychiatry services for youth and adults in underserved areas of Ohio.

Helping Ohioans in Need



The Ohio Department of Mental Health works to assure access to quality mental health services for Ohioans at all levels of need and life stages.

- ✓ Our Office of Children, Families and Prevention promotes the social, emotional and behavioral well-being of Ohio's children and youth, beginning with the Maternal Depression Screening Project.
- ✓ During SFY10, in collaboration with the Ohio Department of Health Help Me Grow Program, 3,667 mothers were screened for depression in 25 participating counties, tripling the number of mothers screened in SFY09.
- ✓ For 10 years, ODMH has supported Early Childhood Mental Health (ECMH) in Ohio. More than 24,000 children participated in the ECMH consultation program in early care and education settings in SFY10. Of the children at risk of removal from their child-

Rebalancing Long-Term Care

The Ohio Department of Mental Health continues to advocate for individuals diagnosed with serious mental illness (SMI), through the implementation of the federally mandated Pre- Admission Screening and Resident Reviews (PASRR). PASRR helps people diagnosed with SMI choose to receive needed supports and services in the setting that is most appropriate for their needs. During the course of SFY 2011 a total of 4,982 PASRR-SMI evaluations were completed.

The PASRR Office added a liaison between ODMH, the Ohio Department of Job and Family Services and other pertinent stakeholders, to leverage the resources available under the Money Follows the Person demonstration grant (referred to as HOME Choice in Ohio) to transition individuals diagnosed with mental illness from qualified institutional settings to the community. As a result, progress is being made to rebalance long-term care.

The hospital exemption is the only exemption to all nursing facility residents needing to meet PASRR requirements. It allows a physician to discharge a patient from an acute care hospital directly into a Medicaid-certified nursing facility, without PASRR. However, the physician is certifying that the patient will only require convalescence care in the nursing facility for up to 30 days, for the same condition for which the patient was treated in the acute care hospital. It serves to reduce inappropriate nursing home admission by people with mental illness. Should the patient need to reside in the nursing facility beyond 30 days, then he or she is required to meet PASRR requirements.

Per federal requirement, ODMH developed a mechanism to track the utilization of the exemption. This was accomplished via a paperless system, which resulted in reduced times to complete comprehensive mental health assessments, with improved quality. Utilization of the hospital exemption by individuals diagnosed with mental illness was tracked at 10,613, while 1,248 of these were utilized by individuals who had been discharged from psychiatric units.



Kayli Hamilton (left) and Ebony Robinson attend an ODMH staff meeting in July 2010. They work in our Pre-Admission Screening and Resident Review Office and make referrals to Andrew Sokolnicki, our Money Follows the Person liaison.

hood setting because of behavior issues, 87 percent were maintained in the setting.

- ✓ Red Flags, a comprehensive mental health awareness program for middle schools, teaches students, parents and school personnel the signs of depression and other mental illnesses, along with a process for getting help. In SFY11, 4,334 middle school students participated in the Red Flags program along with 2,025 parents and 334 school personnel.
- ✓ Multi-Systemic Therapy (MST) is a proven evidence-based practice for youth with serious behavior disorders at imminent risk of placement either through the child welfare or juvenile justice systems, and their families. During SFY10, approximately 754 youth have been served by 16 teams in Ohio. Of the youth completing MST, 84 percent were successfully living at home/community, 82 percent were participating in school or work, and 77 percent were not arrested or rearrested.
- ✓ Aging baby boomers often experience co-occurring physical and behavioral conditions. Healthy IDEAS, a mental health depression screening and prevention program for older Ohioans, was implemented in all 12 Area Agencies on Aging. IDEAS stands for Identification of Depression, Empowering Activities for Seniors. Additionally, the Supreme Court of Ohio engaged probate judges through their association to form local teams to serve elders with complex needs.
- ✓ Our Division of the Medical Director oversaw creation of service teams across Ohio for individuals with intellectual disabilities and mental illness. In partnership with the Ohio Department of Developmental Disabilities and the Ohio Developmental Disabilities Council, we provided training, local team building and diagnostic consultation.

Finding Efficiencies and Cost Savings

- ✓ All ODMH Regional Psychiatric Hospitals were surveyed in the fall of 2010 by the Joint Commission on Accreditation of Healthcare Organizations. Accreditation is a measure of success for hospital management and an assurance of quality to the citizens of Ohio who utilize these services.
- ✓ Ohio is the only state to fully implement processes for standardization of practices across all state-operated hospitals, and to move several of the initiatives into community settings to improve the health and well-being of individuals with severe mental illness by addressing additional health problems.

- ✓ Clinical documentation standards were revised to support electronic health record technology, and re-

duce paperwork burden and redundancy. This will enable behavioral health providers to spend more time delivering direct clinical services to consumers. ODMH and the Ohio Council of Behavioral Healthcare Providers conducted six regional trainings, which included a panel of providers who offered examples of their implementation and efficiencies.

✓ ODMH continued its initiative to sponsor Ohio-based national behavioral health accreditation standards training to support our providers in meeting regulatory requirements, improving quality and saving money. By contracting directly with these national accrediting bodies to present in Ohio, we eliminate out-of-state travel costs, and offer similar training at a savings of \$200-300 per person. During SFY10/11, more than 575 people registered.

✓ In SFY11, for the first time, ODMH utilized Webinars to train providers on new and revised Ohio Administrative Code rules. This technology allowed us to reach a wider audience and eliminate travel costs for our community, residential and hospital providers. The recorded trainings are also available on the ODMH website as an ongoing resource.

✓ ODMH reviewed and revised the majority of its Ohio Administrative Code rules for licensure of private psychiatric hospitals, utilizing input from staff and constituent representatives to identify where it was prudent to reduce regulation. ODMH also reviewed and revised several rules for certification of community mental health agencies, aligning many of the revisions with national accrediting bodies' behavioral health standards. Rule revisions offer regulatory reduction without compromising the quality of mental health services. In some cases, ODMH also combined content of multiple rules to simplify the structure.

✓ Behavioral health care providers are now subject to statewide utilization review under the ODJFS Surveillance and Utilization Review process. This function replaces the Medicaid compliance and medical necessity documentation reviews. In addition, functions related to Medicaid claiming and reimbursement have been standardized to mirror other state Medicaid provider types.

The Office of Health Transformation and the Jobs Budget for 2012-2013

On Jan. 13, 2011, newly elected Gov. John R. Kasich created the Office of Health Transformation (OHT) by Executive Order (See photo at left). OHT is charged with leading an initiative to address Medicaid spending, plan for the long-term efficient administration of the Ohio Medicaid program and improve overall health system performance. OHT is coordinating the activities and policies of the six state agencies involved in Medicaid, which includes the Ohio Department of Mental Health. The office is also working closely with other key state agencies, families, consumers and a variety of other stakeholders to advance Medicaid modernization and cost-containment priorities, while engaging private sector partners to set clear expectations for overall health system performance.



In March, Gov. Kasich introduced his executive budget (HB 153) for SFY12/13. The Jobs Budget brings significant, much-needed

reforms to Ohio's Medicaid program (the largest expense in the state budget), provides important new tools for schools and local governments to better manage their resources and strengthens Ohio's competitive position to retain and create jobs – all while preserving the social safety net for the most vulnerable Ohioans.

Gov. Kasich introduced proposals to re-tool the Medicaid system by prioritizing the types of services that people prefer, requiring the system to better coordinate the care it provides to individuals and paying for quality rather than volume. These changes put the needs of taxpayers and Medicaid beneficiaries first and will challenge providers and administrators to make more efficient use of valuable resources.

To enhance community stability while addressing Medicaid growth, beginning in SFY12, the State of Ohio will fund community mental health Medicaid services rather than requiring the local ADAMH boards to do so. This enables boards to focus resources on local priorities.

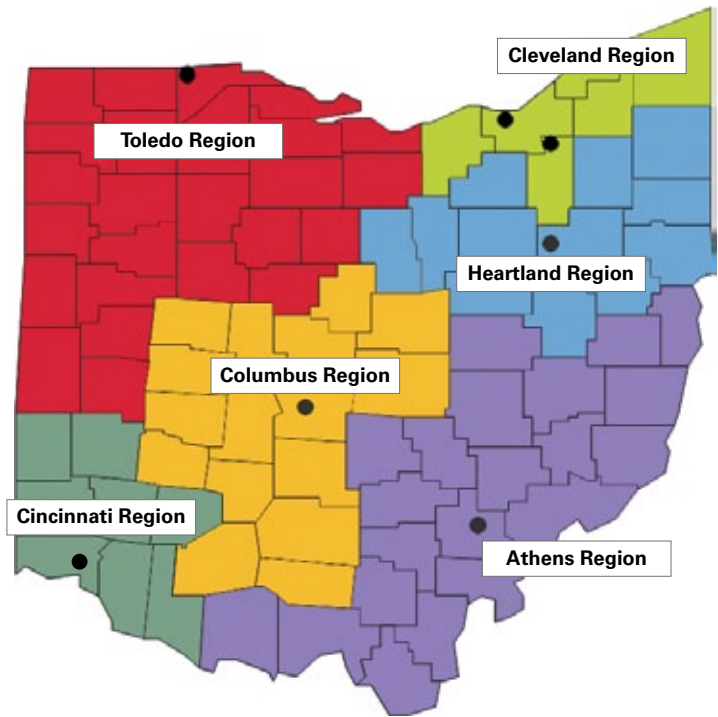
Furthermore, through both the Jobs Budget and the creation of OHT, an emphasis has been placed on integrating physical and behavioral health services. Adults with serious mental illness (SMI) often have co-existing physical conditions. The lack of coordination between service providers often fails to result in positive health outcomes

OHT and Jobs Budget continued on page 10



Northwest Ohio Psychiatric Hospital (NOPH)

930 Detroit Ave., Toledo
 Toll-free (877) 970-4325
 Capacity: 114
 Public beds per 100,000 adults: 8.6
 FY '11 admissions: 396
 FY '11 average daily population: 92 (56% state forensic)
 CEO Mychail Scheramic, Psy.D., CCO Thomas Osinowo, M.D.



Each regional psychiatric hospital is in compliance with the national standards set by The Joint Commission and the Centers for Medicare and Medicaid Services. The statewide median average length of stay for civil discharges is 13 days. A forensic patient's length of stay is determined by the committing court and can vary from months to many years.

Summit Behavioral Healthcare (SBH)

1101 Summit Rd., Cincinnati
 Toll-free (888) 636-4724
 Capacity: 284
 Public beds per 100,000 adults: 17
 FY '11 admissions: 533
 FY '11 average daily population: 252 (62% state forensic)
 CEO: CEO Liz Banks, CCO Larry Ostrowski, M.D.



Department Expenses and Source of Funds

Fiscal Year 2010

Type of expense ¹	Totals	General Revenue	Capital Improvement	State Special Revenue	Intra-Govt. Service	Federal Special Revenue	General Special Revenue
Department Totals	\$974,873,793	\$426,673,060	\$8,790,027	\$10,730,169	\$84,172,693	\$431,104,321	\$13,403,524
State-Provided Services	\$197,842,555	\$168,756,580	\$4,581,046	\$1,085,618		\$13,362,354	\$10,056,956
Community Support Network (CSN)	\$12,003,228	\$11,064,515		\$23,885		\$194,303	\$720,525
Hospitals	\$185,839,327	\$157,692,066	\$4,581,046	\$1,061,733		\$13,168,051	\$9,336,431
Community-Provided Services	\$645,463,168	\$219,933,617	\$4,208,981	\$8,634,610		\$412,535,960	\$150,000
Administration	\$27,310,086	\$17,897,571		\$1,009,940		\$5,206,007	\$3,196,568
Central Office	\$26,244,123	\$16,831,608		\$1,009,940		\$5,206,007	\$3,196,568
Research Grants	\$538,273	\$538,273					
Education & Training Grants	\$527,690	\$527,690					
Support Services	\$84,172,693				\$84,172,693		
Debt Service	\$20,085,292	\$20,085,292					

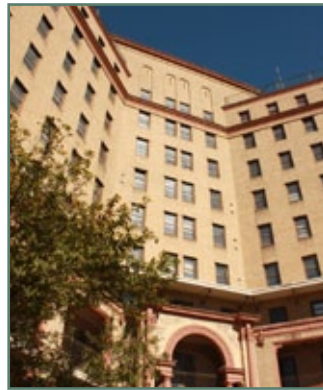
Fiscal Year 2011 – This table reflects expenditure data as of 7/28/11 and is not final.

Type of expense ¹	Totals	General Revenue	Capital Improvement	State Special Revenue ²	Intra-Govt. Service	Federal Special Revenue	General Special Revenue
Department Totals ²	\$1,055,104,797	\$446,259,707	\$7,679,006	\$42,864,317	\$85,252,891	\$458,909,740	\$14,139,136
State-Provided Services	\$201,933,251	\$175,379,292	\$4,749,205	\$1,037,683		\$8,655,574	\$12,111,497
Community Support Network (CSN)	\$11,450,795	\$11,144,689		\$94,459		\$165,362	\$46,284
Hospitals	\$190,482,456	\$164,234,603	\$4,749,205	\$943,224		\$8,490,211	\$12,065,213
Community-Provided Services	\$719,664,169	\$231,441,193	\$2,929,801	\$41,063,715		\$444,195,087	\$34,373
Administration	\$27,586,471	\$18,771,206		\$762,919		\$6,059,079	\$1,993,266
Central Office	\$26,703,726	\$17,888,462		\$762,919		\$6,059,079	\$1,993,266
Research Grants	\$572,713	\$572,713					
Education & Training Grants	\$310,032	\$310,032					
Support Services	\$85,252,891				\$85,252,891		
Debt Service	\$20,668,016	\$20,668,016					

1 ODMH's accounting methodology is based upon the posting fiscal year, which is consistent with the Office of Budget and Management's reconciliation process.
 2 Includes \$32.6 million of one-time community subsidy allocation.



Heartland Behavioral Healthcare (HBH)
 3000 Erie St. S., Massillon
 Toll-free (800) 783-9301
 Capacity: 130
 Public beds per 100,000 adults: 9.7
 FY '11 admissions: 905
 FY'11 average daily population: 112 (55% state forensic)
 CEO Jim Ignelzi (interim),
 CCO Steven Thomson, M.D.



Northcoast Behavioral Healthcare (NBH)
 1756 Sagamore Rd., Northfield
 Toll-free (800) 557-5512
 Capacity: 280 at two sites*
 Public beds per 100,000 adults: 14.1
 FY '11 admissions: 1,698
 FY '11 average daily population: 251 (57% state forensic)
 CEO David Colletti, Lead CCO Muhammad Momen, M.D.

Twin Valley Behavioral Healthcare (TVBH)

2200 W. Broad St., Cols.
 Toll-free (877) 301-8824
 Capacity: 172
 Public beds per 100,000 adults: 8.6
 FY '11 admissions: 1,420
 FY '11 average daily population: 153 (41% state forensic)
 CEO Karen Woods-Nyce,
 CCO Mark Hurst, M.D.



The TVBH campus also includes the 52-bed Timothy B. Moritz Forensic Unit, a high-security forensic facility serving the entire state) Moritz admissions: 41, Average daily population: 40 (83% forensic)

*On June 30, 2011, the Cleveland campus (in photo above) was consolidated into an expanded Northfield campus.

Appalachian Behavioral Healthcare (ABH)

100 Hospital Dr., Athens
 Toll-free (800) 372-8862
 Capacity: 88
 Public beds per 100,000 adults: 11.8
 FY '11 admissions: 731
 FY '11 average daily population: 76 (45% state forensic)
 CEO Jane Krason,
 CCO Max McGee, M.D.



Hospital Operating Expenditures, Populations and Costs Per Patient

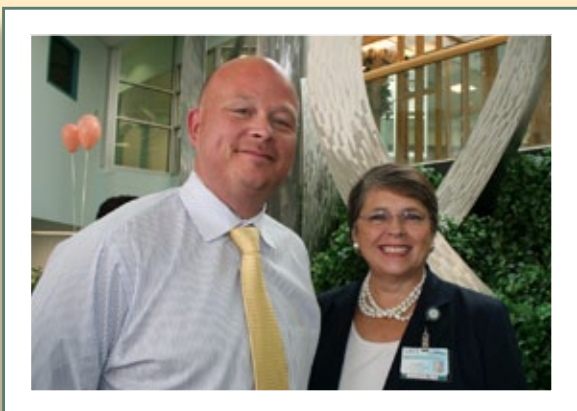
Fiscal Year 2010 (Data for 2011 not available as of 8/1/11.)

	Operating expenses as computed in past years	(+) Fiscal Year 2000 Adjustments ¹	(-) Com. Support Network & Shared Services ²	Net operating expenditures	Average daily resident population	Average annual cost per resident patient	Average daily cost per resident patient
Hospital Totals³	\$209,022,079	\$12,321,825	-\$12,246,440	\$209,097,464	989	\$211,362	\$579.07
Adult Regional Psychiatric Hospitals							
Appalachian Behavioral Healthcare	\$20,862,134	\$1,075,638	-\$2,522,104	\$19,415,668	77	\$250,591	\$686.55
Heartland Behavioral Healthcare	\$23,778,631	\$2,109,316	-\$758,838	\$25,129,109	98	\$255,790	\$700.80
Northwest Ohio Psychiatric Hospital ³	\$19,316,657	\$852,157	\$0	\$20,168,814	94	\$214,668	\$588.13
Northcoast Behavioral Healthcare	\$56,620,516	\$2,281,363	-\$6,196,520	\$52,705,359	256	\$206,068	\$564.57
Summit Behavioral Healthcare ⁶	\$40,825,555	\$3,676,039	-\$175,212	\$44,326,382	253	\$175,038	\$479.56
Twin Valley Behavioral Healthcare	\$47,618,586	\$2,327,312	-\$2,593,765	\$47,352,133	211	\$224,835	\$615.99

1 Includes indirect costs, depreciation and interest expense

2 Includes all Shared Services and Community Support Network costs

3 Formerly the Toledo campus of the Northcoast Behavioral Healthcare system, Northwest Ohio Psychiatric Hospital become a stand-alone Regional Psychiatric Hospital effective June 7, 2009.



Left: Summit Behavioral Healthcare CEO Liz Banks welcomes Eric Arauz as the keynote speaker for Summit's sesquicentennial celebration. Now a successful national speaker, Arauz is a veteran, a recovering alcoholic and a former psychiatric patient at Summit.
 Right: Retiring Police Chief Hank Sherby receives recognition for his 30 years of service at Appalachian Behavioral Healthcare from ODMH Security Consultant Nacrina Alvarez de Blanco.



OHT and Jobs Budget continued from page 7

for these individuals. Past state practice has been to coordinate the Medicaid budget and policy for treating people with SMI in separate systems—physical health benefits have been administered by the Department of Job and Family Services, and behavioral health services have been administered by ODMH and the Ohio Department of Alcohol and Drug Addiction Services (ODADAS). Reforms place an emphasis on treating the whole person by elevating behavioral health funding, managing behavioral service utilization, and consolidating the Residential State Supplement (RSS) program at ODMH.

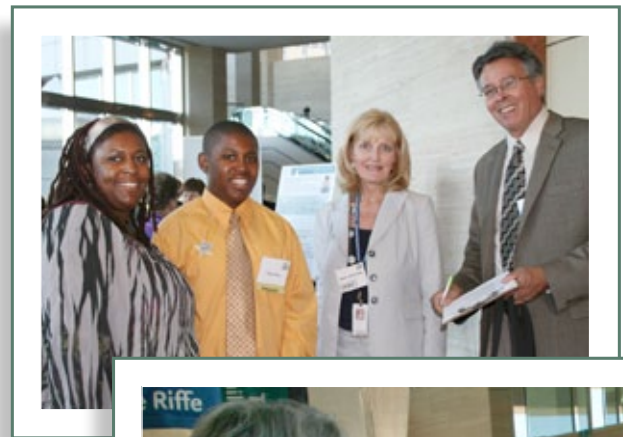
Other initiatives of the Kasich Administration include transitioning Medicaid practitioners to electronic health records (EHRs) and drawing down more federal funding for drug treatment that rehabilitates people who are addicted so they can maintain their jobs and health.

EHRs can enhance health care outcomes and reduce overall health care costs by consolidating a patient's health information and making it available to medical professionals, while still ensuring the patient's privacy. This expedites diagnosis and treatment, improves safety for individuals taking multiple prescriptions and saves money by eliminating paper and reducing duplication of testing.

The Recovery to Work initiative will help Ohioans receive addiction treatment and employment skills to become healthy, productive citizens. ODADAS is partnering with the Ohio Rehabilitation Services Commission, ODMH and the County ADAMH boards to create an Ohio fund that will draw down federal rehabilitation dollars at a 3-to-1 ratio.



Hundreds of Ohioans turned out for the NAMI Ohio Sleep Out for Mental Illness on the Statehouse lawn on May 10, 2011, so their advocacy could be seen and heard by legislators.

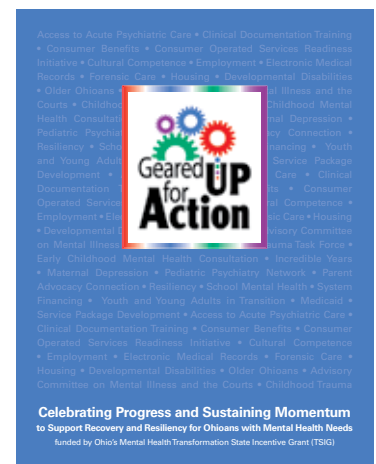


Transformation State Incentive Grant

In 2006, Ohio was awarded a Mental Health Transformation State Incentive Grant (TSIG) to achieve the goals of then-President George W. Bush's Mental Health New Freedom Commission. This five-year, \$12 million grant concluded during 2011. TSIG supported 35 major projects (including many that are listed in this report) with accomplishments in four general areas:

- shore up mental health system viability,
- improve quality of services and supports,
- advance effective advocacy and empowerment (for consumers, youth and families), and
- decrease poverty and increase self-reliance.

The Ohio Department of Mental Health hosted an event Sept. 8, 2011, at the Riffe Center's Capitol Theatre to celebrate Ohio's progress under TSIG. Mental health consumers and their families praised the collaboration among professionals who worked with them to address their needs, finding solutions that often involved little or no cost. Representatives from state agencies, advocacy organizations and work groups discussed methods of sustaining momentum beyond the end of the TSIG grant. More details can be found in the Geared Up For Action Report on the ODMH website. It summarizes the work of multiple





state agencies that have a role in serving people with mental health needs. ODMH provided overall leadership and management of the grant, and incorporated virtually every office in the work of transformation. An important component of all projects was the involvement of consumers, youth and family members who brought invaluable ideas, insights and experiences.

PHOTOS top of page 10: On Sept. 8, 2010, government and consumer partners celebrated the work achieved through Ohio's TSIG grant. Participants included Teresa and Tyler King of Cleveland, ODMH's Kathy Coate-Ortiz and Jack Cameron, executive director of the Ohio Empowerment Coalition. Tyler and Jack served as co-moderators and spoke from the youth and adult consumer perspectives. Leslie Brower, ODMH's lead for TSIG, praises Steve Copper, who spoke about his experiences as a parent.

PHOTOS top of this page: Former State Senator Robert Spada shared his personal passion for increasing awareness of mental illnesses and the issues that families face. He moderated a panel of state system partners that included Ohio Supreme Court Justice Evelyn Lundberg Stratton. Jeanne A. Clement, Ph.D., speaks with ODMH's Liz Gitter at the "Transformation Marketplace" organized as part of the TSIG Geared Up for Action event.



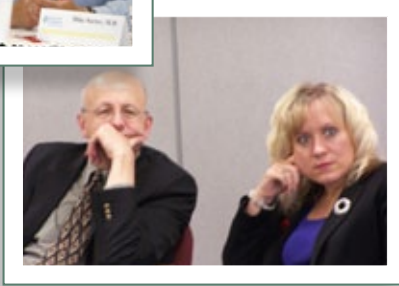
Coordinating Centers of Excellence

ODMH funds six Coordinating Centers of Excellence (CCOE - comprised of a mix of universities, advocates and providers) that assist mental health practitioners in implementing best practices to address consumer needs. CCOEs address jail diversion, supported employment, substance abuse, educational success, rehabilitation services and developmental disabilities.

People with these severe co-occurring (or dual) disorders are among the most vulnerable to unemployment, homelessness, poverty, chronic health problems, frequent hospitalization and arrest and incarceration, among other negative life outcomes. The Substance Abuse and Mental Illness (SAMI) CCOE at Case Western Reserve University integrates services for people with co-occurring illnesses using an IDDT (Integrated Dual Disorder Treatment) model. IDDT eliminates potential gaps in service by combining mental health and addiction services. Researchers from the Center for Evidence-Based Practices (CEBP) at Case Western recently conducted an analysis of claims data for behavioral-health services in the State of Ohio and found that IDDT helped save the state approximately \$1.4 million in service costs for a group of 160 people diagnosed with a severe mental illness and a co-occurring substance use disorder. The people in this group were among the highest users of mental health and addiction services. The savings took place only one year after they started to receive IDDT services.

As of June 1, 2011, the Crisis Intervention Team (CIT) training, which launched in May 2000, has been completed by 4,540 law enforcement officers in 75 counties. They learn practical techniques for de-escalating crises and diverting people living with mental illness into treatment. Additionally, nearly 300 police and security personnel at 49 colleges and universities have attended the CIT training. This training is presented through the Criminal Justice Coordinating Center of Excellence, which is funded by a grant from ODMH to the County of Summit Alcohol, Drug Addiction and Mental Health Services Board. The ADAMH board contracts with the Northeast Ohio Medical University to operate the Center.

Vietnam War veteran Ben Miracle, left, credits his life to CIT training of a dispatcher in Hancock County, who talked to him when he was despondent and suicidal due to wartime flashbacks. At the NAMI Sleep Out for Mental Illness in Columbus on May 10, 2011, he met Lt. Mike Woody (Ret.), President of CIT International, who brought the CIT training to Ohio and led its adoption statewide.



Pediatric Psychiatry Network

Twenty percent (approximately 540,000) of Ohio children and adolescents have a diagnosable mental illness. However, given the severe shortage of child psychiatrists nationwide, this means that only 1 in 5 are getting needed treatment. Obstacles such as poverty, geographical distances, unacceptable waiting times, lack of technology and disparity in decision support add to the inability of families to obtain appropriate psychiatric care.

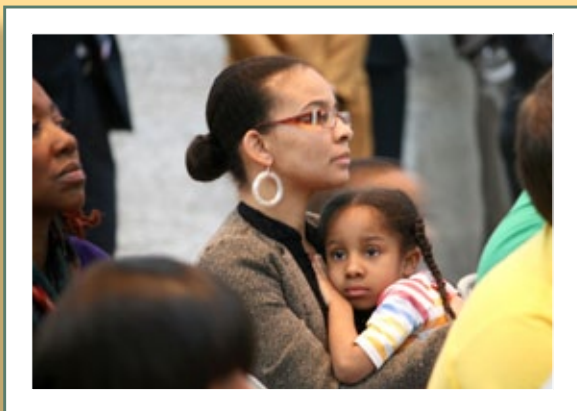
Launched on Oct. 7, 2010, Ohio's Pediatric Psychiatric Network (PPN) improves access to psychiatric care for children and youth. Spearheaded by the Ohio Department of Mental Health, many of the state's children's hospitals and psychiatric teaching programs collaborated to develop a professionally staffed network of providers and a technology infrastructure that includes a single toll-free telephone number for any pediatrician or other primary care practitioner to call, enabling them to speak with a child psychiatrist 24 hours a day, seven days a week, regarding patient mental health diagnosis, treatment or referral. A dedicated website, which contains standardized diagnosis and treatment protocols, community mental health



PPN was conceived with input from (photos, left to right) Aaron Ellington, Ph.D., and John Hertzler, M.D., UH Rainbow Babies and Children's Hospital; Marianne Thomas, Toledo Children's, and Michael Sorter, M.D., Cincinnati Children's; John Campo, M.D., and Amanda Lucas, Nationwide Children's; and (large photo) William Klyklo, M.D., Wright State; Robert Ronis, M.D., UH Rainbow Babies; Kelly Kelleher, M.D., Nationwide; Steven Jewell, M.D., NAMI Ohio; Tracy Plouck, ODMH Director; Marijo Tamburrino, M.D., University of Toledo; John Glazer, M.D., Cleveland Clinic; and Stephen Cosby, M.D., Akron Children's.

resources and links directly to provider hospitals, allows for information or referral requests via the Internet. The infrastructure has been developed to allow for even greater use through secure and HIPAA compliant e-mail system, store and forward video capabilities and real-time telemedicine consults.

As of July 2011, Ohio providers have accessed the website 1,164 times and have utilized the dedicated consult line for 181 psychiatric consults. Many of these calls involved requests for assistance with treatment plans and medication management. This greatly improves family access to psychiatric care through their local pediatricians, family practice physicians or other primary care providers. Provider satisfaction with the PPN system has been high. Initial PPN telephone consultation data shows that, on average, this service saves families \$216 versus a face-to-face consultation that may incur travel and lost wages.



Early diagnosis and appropriate treatment provide children better opportunities to lead full and productive lives. Deeanna Garner and daughter, Deeara, participate in Statehouse festivities to mark Children's Mental Health Day in Ohio on May 3, 2011.



ODMH convenes a Youth and Young Adults in Transition Policy Team to help guide statewide initiatives for individuals ages 14-25. Young people representing Clermont, Hamilton and Trumbull counties pose after a meeting at ODMH headquarters on May 9, 2011.



Left: Hamid Mehrzi, ODMH Chief of Capital Planning, accepts the Partnering for Success award from the Ohio Association of County Behavioral Healthcare Authorities 2010 president Precia Shenk Stuby of Hancock County ADAMHS Board. Right: Hamilton County Mental Health and Recovery Services CEO Patrick Tribbe addresses attendees at the Summit Behavioral Healthcare ses- quicentennial in Cincinnati.



Mental Health/ADAMH Board Expenditures By Fund Source - SFY 2010

Source: Data contained in this table are directly taken from Board FIS-040 Reports provided to the Ohio Department of Mental Health. The Medicaid category reflects the amount received for Medicaid FFP (federal financial participation). Data for 2011 not available as of 8/1/11.

BOARDS	Total Receipts	Total Expenditures	Per Capita	STATE Amount % of Total	FEDERAL Amount % of Total	County Levy/Other Board Amount % of Total	Medicaid Amount % of Total	2010 Census Figures
Adams-Scioto-Lawrence	\$ 15,578,404	\$ 15,567,217	\$ 91.30	\$ 4,855,309 31.2%	\$ 386,800 2.5%	\$ - 0.0%	\$ 10,325,109 66.3%	170,499
Allen-Auglaize-Hardin	7,363,102	7,306,752	39.64	3,054,446 41.8%	307,691 4.2%	1,222,674 16.7%	2,721,940 37.3%	184,338
Ashland	3,881,060	3,816,861	71.83	1,657,322 43.4%	197,602 5.2%	752,862 19.7%	1,209,075 31.7%	53,139
Ashtabula	10,726,143	10,839,093	106.79	2,536,317 23.4%	508,396 4.7%	674,927 6.2%	7,119,454 65.7%	101,497
Athens-Hocking-Vinton	11,343,915	11,368,961	105.69	2,277,437 20.0%	228,951 2.0%	2,499,886 22.0%	6,362,687 56.0%	107,572
Belmont-Harrison-Monroe	7,308,476	7,397,262	73.31	2,676,016 36.2%	545,578 7.4%	985,320 13.3%	3,190,348 43.1%	100,906
Brown	1,673,903	1,616,230	36.04	778,168 48.1%	89,816 5.6%	- 0.0%	748,246 46.3%	44,846
Butler	27,282,377	26,822,788	72.86	5,401,173 20.1%	482,132 1.8%	9,637,220 35.9%	11,302,262 42.1%	368,130
Clark-Greene-Madison	23,200,533	23,596,145	68.73	5,559,836 23.6%	486,547 2.1%	7,413,423 31.4%	10,136,339 43.0%	343,341
Clermont	11,417,284	9,720,772	49.25	3,237,458 33.3%	461,708 4.7%	2,148,006 22.1%	3,873,600 39.8%	197,363
Columbiana	8,415,811	8,222,498	76.25	2,259,098 27.5%	195,181 2.4%	1,876,746 22.8%	3,891,473 47.3%	107,841
Crawford-Marion	5,587,312	5,587,313	50.66	2,168,129 38.8%	215,815 3.9%	1,127,695 20.2%	2,075,673 37.1%	110,285
Cuyahoga	124,617,134	124,617,134	97.35	30,619,602 24.6%	2,988,768 2.4%	28,873,731 23.2%	62,135,033 49.9%	1,280,122
Defiance-Fulton-Henry-Williams	9,445,540	8,724,040	59.11	1,682,670 19.3%	322,237 3.7%	3,981,555 45.6%	2,737,578 31.4%	147,592
Delaware-Morrow	10,294,750	10,294,750	49.25	1,864,057 18.1%	176,475 1.7%	4,935,517 47.9%	3,318,702 32.2%	209,041
Erie-Ottawa	8,152,619	8,087,773	68.25	1,772,893 21.9%	398,344 4.9%	3,842,021 47.5%	2,074,516 25.7%	118,507
Fairfield	7,386,663	7,538,589	51.58	1,836,756 24.4%	173,167 2.3%	2,836,923 37.6%	2,691,743 35.7%	146,156
Franklin	64,541,058	106,987,827	91.96	9,797,457 9.2%	2,591,843 2.4%	43,577,230 40.7%	51,021,297 47.7%	1,163,414
Gallia-Jackson-Meigs	5,228,791	5,185,728	58.98	1,983,986 38.3%	249,234 4.8%	- 0.0%	2,952,508 56.9%	87,929
Geauga	6,388,568	6,806,753	72.89	1,131,176 16.6%	198,057 2.9%	3,994,960 58.7%	1,482,560 21.8%	93,389
Hamilton	93,667,384	89,854,577	111.99	15,979,387 17.8%	2,715,729 3.0%	38,036,431 42.3%	33,123,030 36.9%	802,374
Hancock	4,794,753	4,755,383	63.59	1,348,134 28.3%	127,010 2.7%	1,858,213 39.1%	1,422,026 29.9%	74,782
Huron	2,203,894	2,395,558	40.18	1,014,702 42.4%	110,502 4.6%	438,135 18.3%	832,220 34.7%	59,626
Jefferson	7,129,977	6,714,535	96.32	2,784,258 41.5%	541,898 8.1%	213,985 3.2%	3,174,394 47.3%	69,709
Lake	20,330,949	20,058,679	87.20	3,505,375 17.5%	546,938 2.7%	10,603,422 52.9%	5,402,945 26.9%	230,041
Licking-Knox	13,255,038	13,828,024	60.81	3,415,326 24.7%	272,358 2.0%	4,189,924 30.3%	5,950,416 43.0%	227,413
Logan-Champaign	3,664,754	3,661,574	42.60	1,422,975 38.9%	143,616 3.9%	684,992 18.7%	1,409,991 38.5%	85,955
Lorain	25,330,027	24,798,449	82.29	4,413,286 17.8%	435,317 1.8%	11,450,248 46.2%	8,499,598 34.3%	301,356
Lucas	48,126,862	48,418,968	109.59	10,751,681 22.2%	1,993,586 4.1%	13,516,926 27.9%	22,156,775 45.8%	441,815
Mahoning	18,747,881	19,031,107	79.69	6,175,649 32.5%	848,869 4.5%	4,743,321 24.9%	7,263,268 38.2%	238,832
Medina	4,488,586	5,017,551	29.12	2,922,574 58.2%	157,229 3.1%	528,965 10.5%	1,408,783 28.1%	172,332
Miami-Darke-Shelby	7,978,680	7,419,405	36.21	2,749,831 37.1%	273,698 3.7%	1,864,533 25.1%	2,531,343 34.1%	204,888
Montgomery	48,703,378	48,702,795	91.01	11,555,338 23.7%	950,763 2.0%	19,495,537 40.0%	16,701,157 34.3%	535,153
Muskingum Joint ¹	16,508,475	16,393,003	71.64	7,010,815 42.8%	341,273 2.1%	1,366,794 8.3%	7,674,121 46.8%	228,819
Paint Valley ²	13,596,430	13,596,430	57.83	4,079,095 30.0%	290,305 2.9%	1,556,862 11.5%	7,570,168 55.7%	235,090
Portage	11,142,407	11,633,808	72.07	2,071,857 17.8%	211,601 1.8%	4,611,730 39.6%	4,738,620 40.7%	161,419
Preble	1,716,346	1,758,973	41.61	661,899 37.6%	90,851 5.2%	217,783 12.4%	788,440 44.8%	42,270
Putnam	1,089,404	1,089,404	31.58	466,664 42.8%	87,427 8.0%	170,000 15.6%	365,313 33.5%	34,499
Richland	8,095,967	8,523,137	68.47	3,105,301 36.4%	211,344 2.5%	1,762,712 20.7%	3,443,780 40.4%	124,475
Seneca-Sandusky-Wyandot	5,179,328	5,179,328	36.92	2,216,911 42.8%	200,961 3.9%	515,234 9.9%	2,246,222 43.4%	140,304
Stark	28,317,425	26,838,912	71.46	7,441,230 27.7%	1,958,664 7.3%	5,918,751 22.1%	11,520,267 42.9%	375,586
Summit	55,217,950	55,217,950	101.92	11,415,480 20.7%	1,419,600 2.6%	21,039,280 38.1%	21,343,590 38.7%	541,781
Trumbull	14,589,259	14,671,521	69.76	3,582,905 24.4%	654,064 4.5%	3,392,546 23.1%	7,042,006 48.0%	210,312
Tuscarawas-Carroll	6,291,630	6,879,189	56.66	2,487,460 36.2%	238,499 3.5%	881,471 12.8%	3,271,759 47.6%	121,418
Union	2,269,629	2,293,900	43.86	702,044 30.6%	230,429 10.0%	793,996 34.6%	567,431 24.7%	52,300
VanWert-Mercer-Paulding	4,919,224	4,738,906	53.14	1,206,149 25.5%	138,112 2.9%	1,585,146 33.4%	1,809,499 38.2%	89,172
Warren-Clinton	12,836,722	13,455,595	52.82	3,158,169 23.5%	223,284 1.7%	6,246,623 46.4%	3,827,519 28.4%	254,733
Washington	4,217,608	4,376,084	70.84	1,468,595 33.6%	604,973 13.8%	62,517 1.4%	2,239,999 51.2%	61,778
Wayne-Holmes	7,804,571	7,804,571	49.75	3,349,377 42.9%	203,639 2.6%	1,811,874 23.2%	2,439,681 31.3%	156,886
Wood	4,690,989	4,690,989	37.38	2,000,479 42.6%	269,032 5.7%	- 0.0%	2,421,478 51.6%	125,488
TOTAL	\$ 866,738,971	\$ 903,902,790	\$ 78.35	\$ 211,612,251	\$ 27,795,911	\$ 279,938,645	\$ 384,555,982	11,536,504

¹ Muskingum Joint includes Coshocton, Guernsey, Morgan, Muskingum, Noble and Perry counties.

² Paint Valley includes Fayette, Highland, Pickaway, Pike and Ross counties.

Research and Evaluation

ODMH identifies questions of importance to the public mental health system, and conducts or funds research projects to address these priorities. During SFY 10- 11, the office conducted three major internal research projects that have received state and national recognition: the Economic Impact Study, the Longevity Study and the Rise Sister Rise analysis of trauma among adolescent/teen African-American girls. We also funded six external projects on these topics: Consumer-Operated Service Cost Effectiveness; Child Access to Psychiatric Services; Integrating Health Care for Chronic Medical Conditions; Medicaid Churning; Organizational Culture and Mental Health Service Engagement; and Adolescents at Risk for Bipolar Disorder.



Above, Kraig Knudson, Ph.D., right, is chief of the ODMH Office of Research and Evaluation, which also employs Evaluation Manager Carol Carstens, Ph.D. At Right, Deputy Director Debbie Nixon-Hughes heads up Program and Policy Development, which administers ODMH grants that support cultural competence and housing initiatives.

Cultural Competence

ODMH joined the Multiethnic Advocates for Cultural Competence (MACC) to release several statewide projects in FY 10. The first was a training conference titled “The Cultural Mosaic of Latinos in Ohio Care, Commitment and Competence.” An unveiling of Ohio’s cultural competence definition occurred during that September event, with a signing ceremony that included participation from the Governor’s Office, Senate and state health and human services directors.

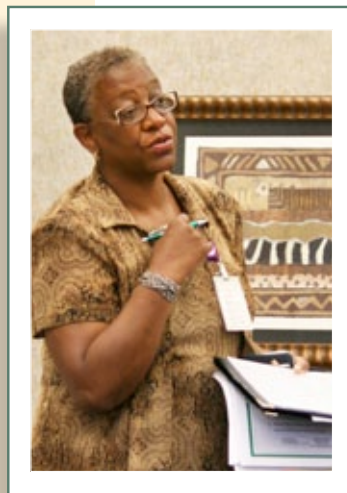
Through MACC, ODMH also sponsored diversity training seminars in Columbus and Akron, and released two publications. “*Learning Your Needs*” *Cultural Competence Needs Assessment on Veterans and Family Members* helps service and care providers to reach, and appropriately serve, active and retired service personnel and their loved ones. *How to Navigate Social Services in Ohio Bi-lingual Guide for the Latino Community* provides useful information on key local behavioral health and human services available to the Latino community.

Housing and Homelessness

The Ohio Department of Development (ODOD) housing grant program for permanent supportive housing, supportive housing (time-limited housing), and emergency shelter requires local match dollars of 50 percent of their request. This program operates on the calendar year.

ODMH provides limited match dollars to ADAMH boards specifically for permanent supportive housing and supportive housing projects funded through Development. ODMH funds serve as partial match for ODOD funds so that provider organizations and ADAMH boards can leverage more resources with fewer local dollars. In SFY11, the total project dollars for homeless assistance in Ohio communities that received a portion of their dollars from ODMH was \$3,934,736.

Projects for Assistance in Transition from Homelessness (PATH) is a federal program that allows local mental health systems to reach out and engage people with a mental illness that are experiencing homelessness and are not yet connected with mainstream mental health services. The goals are to connect these individuals with mental health services and to assist them with obtaining housing and other entitlement/benefits.



Ohio’s PATH grant from the Substance Abuse and Mental Health Services Administration for SFY11 was \$2,215,000. These dollars fund 11 projects in the following counties: Butler, Cuyahoga, Franklin, Hamilton, Lake, Lorain, Lucas, Mahoning/Trumbull, Montgomery, Stark and Summit.

Many homeless veterans are challenged by post-traumatic stress disorder, substance abuse disorders or co-occurring disorders. Therefore, ODMH funded three veteran pilot projects during SFY10/11 with a portion of its PATH dollars. These projects (which are among 11 Ohio PATH projects) were required to hire a veteran peer as part of their PATH outreach teams. By incorporating a peer, all projects report improvement in the team’s ability to engage homeless veterans in settings where they are known to congregate. Furthermore, staff have increased their understanding of military culture. The following counties house the three veteran projects: Butler/Hamilton County (Transitional Living, Inc. in partnership with Greater Cincinnati Behavioral Health Services); Cuyahoga County (Mental Health Services for Homeless Persons, Inc.) and Franklin County (Southeast, Inc.).

During SFY10, 118 veterans were served. Through April 30, 2011, another 197 veterans were served.

ODMH Leadership 2011

ODMH Director

Tracy J. Plouck

Administrative Services
Deputy Director
Don Anderson

Fiscal Administration
Medicaid
Capital Planning & Management
Information Services
Pharmacy Services (Inpatient/Outpatient)
Central Warehouse

Medical Director
Dr. Marion Sherman

Clinical Safety
Integrated Care
PASRR
Pediatric Psychiatry Network
Quality Improvement
Research & Evaluation

Program & Policy Development
Deputy Director
Deborah Nixon-Hughes

Children, Families & Prevention
Community Planning
Recovery Initiatives
Community Supports
Client Rights
Cultural Diversity
Emergency Prep.
Forensic Services
Residential State Supplement

Human Resources
Deputy Director
Vince Conner

EEO Program
Education & Training
Human Capital Management
Human Resources
Labor Relations
Workers Compensation

Legal & Regulatory Services
Deputy Director
Michaela J. Peterson

Legal Services
Licensure
Certification
Standards Development
Administrative Rules

Hospital Services
Deputy Director
Robert Short

Oversight of Regional Psychiatric Hospitals at six locations that employ 2,050 people



PHOTOS: The three vertical photos above are of staff members in the ODMH Division of Administrative Services. Fiscal Administration Chief Dalon Myricks presents a 25-year service pin to Debra Gardner in July 2010. Pharmacists Denise Dean (left) and Patrick Mascaro (right) manage the ODMH Central Pharmacy for inpatient and outpatient distribution, respectively. They presented during the annual meeting of the Office of Support Services in August 2010.

Photos above are from our regional psychiatric hospitals. At top, left, the leadership team at Appalachian Behavioral Healthcare, led by CEO Jane Krason (seated, far right), welcomed ODMH management during their visit to Athens in September 2010. At top, right, Mimi Goel, a music therapy instructor at Summit Behavioral Healthcare in Cincinnati, shared her skills during an open house event in October 2010. Directly above, ODMH Medical Director Marion Sherman, M.D., discusses clinical quality during a July 2010 visit to Heartland Behavioral Healthcare in Massillon. Listening are (from left) Jim Ignelzi, who served as Interim CEO, Clinical Director Steven Thomson, M.D., and Quality Assurance Director Beth Powers.



Mission

Our mission is the promotion and establishment of mental health as a cornerstone of health and wellness for individuals, families and communities throughout Ohio.

Vision

We envision a sustainable system of care where recovery is expected for people with mental illness and all Ohioans can access quality treatment and supports that are responsive to their cultures, preferences and values.

Philosophies/beliefs that guide our work:

People can and do recover from mental illness. People with mental illness rebuild meaningful lives while receiving services that enable them to recover and contribute to their communities.

Nurturing resiliency helps children, youth and families successfully meet life's challenges. All children, youth and families have the innate capacity to successfully meet life's challenges with a sense of self-determination, mastery and hope.

Services are most effective when delivered in a culturally competent way. Respect for the unique beliefs, values, customs, languages and traditions of the people served is essential to support recovery and to deliver consumer-driven mental health services.

Consumer and family involvement in the planning, evaluation and delivery of services is vital. People with mental illness and their family members should be partners when making decisions that affect their lives. We ensure that consumer and family voices are heard.

A focus on quality and continuous improvement is essential. We support a systematic approach to facilitating recovery through the use of clinical best practices, quality improvement tools, outcomes measurement and system finance reform.

Integrate behavioral and physical health care to achieve better health and cost savings. Treat the whole person, both physical and mental conditions, in a coordinated way, so that an individual's health care providers work together and regularly communicate.

Toll-Free Bridge for consumers 1-877-275-6364 • 1-888-636-4889 TTY